

MENOMINEE INDIAN TRIBE OF WISCONSIN



Menominee Back in Action Plan

Incident Name: Menominee Tribe COVID-19

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SECTION 1: INTRODUCTION

1.1 PURPOSE

COVID-19 is a respiratory disease caused by a novel coronavirus that was first detected in China and which has been designated a global pandemic by the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC). This virus has a widespread prevalence across the United States. This back in action plan defines reservation wide objectives and strategies for reopening the Tribal government, departments, local organizations and businesses after a period of shutdown to essential functions in response to the pandemic for public safety. The back in action plan's purpose is to reopen the Tribal entities and functions in a gradual process to ensure public health safety for the Menominee Tribe.

1.2 SCOPE

This back in action plan is intended to define the coordinated strategies for reopening that will begin when the external COVID-19 threat surrounding the boundaries of the Menominee Indian Reservation/County has diminished based on scientific evidence, the declaration of the state of emergency has been lifted, or when the Incident Command Team determines conditions allow for the reopening of some or all facilities.

1.3 PLANNING ASSUMPTIONS, PRINCIPLES AND GUIDING DOCUMENTS

The Back in Action plan is based on several key principles, planning assumptions, and any applicable guiding documents as listed below:

- This Back in Action plan is guided by the following:
 - The plan relies on a continued whole community response; coordination from key external entities is essential to its success.
 - Tribal agencies may be required to adjust their operations to accommodate additional tasks related to reopening.
 - Tribal agencies may be required to operate differently and have additional safeguards in place to ensure the safety of visitors, clients, customers and employees.
 - The plan reflects the Tribe's commitment to equitably serve all Menominee Reservation residents.
 - The Back in Action plan is reviewed and updated based on emerging medical and scientifically grounded information.

1.4 LEGISLATIVE AND ORGANIZATIONAL ACTIVITIES

This section will provide a historical listing of the various milestones and/or actions taken by the Menominee Tribal Legislature, the COVID-19 Team, and the Administrative Committee to address the reopening processes.

| Date | Taken/Completed By | Description of Action |
|-------------|---------------------------|--|
| 04-28-2020 | Incident Command | Request Administrative Committee develop government reopening plan |
| 07-02-2020 | Incident Command | Updated plan and sent to Menominee Tribal Legislature who approved recommended changes |

SECTION 2: INCIDENT ACTION PLAN

The Incident Action Plan (IAP) outlines a three phased approach as determined by Tribal Incident Command to addressing the COVID-19 emergency on the Menominee Indian Reservation. The three phases of the IAP are as follows:

1. Surveillance and Preparation Phase
2. Active Case or Clear Evidence of Community Spread of Disease Phase
3. Mitigation, Recovery and After Action Phase

2.1 MITIGATION, RECOVERY AND AFTER ACTION

As outlined in the IAP this phase will begin when the threat of COVID-19 within the exterior boundaries of the Menominee Indian Reservation/County has diminished or the declaration of the state of emergency has been lifted. This back in action plan will address objectives outlined for this phase in the IAP. Those objectives are as follows:

- **OBJECTIVE #1:** Prepare plans and/or reports to reduce the threat of widespread infection and loss of life from any future pandemics or endemic diseases to maximize the safety of the community.

Incident Command Tasks:

- Prepare and disseminate an After Action Report (AAR) to evaluate overall effectiveness, identify strengths to be maintained and built upon, as well as potential areas of improvement related to the incident.
 - Use AAR to develop, improve and/or update Tribal Emergency Response Plan.
 - Establish and/or designate an Incident Command Team for future situations to ensure continuity of response.
 - Provide ICS training to the Incident Command Team, tribal leadership and department heads.
 - Develop standard operating procedures for the Incident Command Team operations in future situations.
- **OBJECTIVE #2:** Plan and implement the sequence of fully reopening the Tribal government, departments, local organizations, and businesses.
 - In conjunction with the Administrative Committee develop and implement a plan for the reopening of the Tribal government and departments.
 - In conjunction with the Menominee Tribal Clinic or public health officials develop preparedness strategies for any future pandemics or endemic diseases.
 - Work with local organizations and businesses on the criteria that must be met to reopen.
- **OBJECTIVE #3:** Develop coordinated and proactive public information to inform and educate the public and elected officials about hazards, potential ways to mitigate them, and to maximize information sharing.
- Planning and Public Information Section Tasks:**
- Analyze incident information dissemination processes and prepare plan for the gathering, updating and dissemination of information during future pandemics or endemic diseases.

- **OBJECTIVE #4:** Build partnerships for risk reduction with governments, organizations, departments, businesses, and the public to identify long-term strategies to reduce risks relating to a pandemic or endemic diseases.

Incident Command Tasks:

- Assist tribal departments, organizations and businesses review and/or update a Continuity of Operation Plan which may include securing the expertise of consultant(s) trained in developing and executing Continuity of Operation Plans.
- Develop process and implement meetings with organizations and businesses to ensure collaborative efforts to prepare for future pandemic or endemic diseases.
- In conjunction with the Administrative Committee develop and implement a Tribal Health Nurse position whose duties would extend beyond the present pandemic to aide in fostering health among Tribal employees.

2.2 ECONOMIC PROTECTION STRATEGIES

COVID-19 has affected the economy of the United States, the State of Wisconsin, and the Menominee Indian Tribe. These economic impacts are expected to continue thru the recovery phase until such a time as fully operations have been restored. For some areas of Tribal Government, businesses, and the community may suffer economic impacts well past full restoration of operations. Emphasis will be placed on supporting mission critical services and minimizing unnecessary impacts to the Tribe's budget as well as accurately tracking COVID-19 related expenses. Tracking costs incurred by Tribal Departments related to COVID-19 will be an essential part of preparedness, response, and recovery efforts. Support will be provided to local Businesses as part of our response to the COVID-19 relief efforts through coordination with Tribal Government, the IC COVID-19 Team and other available resources to be determined on a case by case basis.

2.3 TRIBAL CONTINUITY STRATEGIES

The Tribe through its Administrative Committee will develop and maintain a Continuity of Government Plan that establishes Tribal wide critical services and functions. In the event of an interruption to government operations, the Tribe will prioritize resources according to these functions. Each Tribal department shall also maintain a Continuity of Operations Plan that sets essential functions for that department along with strategies to ensure these essential functions are maintained. The Tribal Incident Command Team or retained consultant shall provide to Department Heads a standardized template for their use in developing their Continuity of Operations Plan. The Tribal Incident Command Team or retained consultant will work with Department Heads to tailor the standardized template to fit specific Department situations as needed.

To support each department's Continuity of Operations Plans, the Administrative Committee will conduct a meeting for Tribal Department Heads to assist with identifying critical operations, staffing, and any unmet needs related to possible impacts on their workforce, revenue, or mission-critical functions as a result of COVID-19. Tribal Information Technology Department and Human Resources will support this effort by reviewing tribal wide telework procedures, resources, and equipment to ensure they are capable of meeting continuity needs. Guidelines will be provided to assist Department Heads with procedure development.

Departments may activate any portion of their Continuity of Operations Plan at the direction of the Administrative Committee. The Tribal Administrator and Public Information Officer will advise the Chairperson's Office if tribal wide continuity actions should be implemented and will be identified in the overall Continuity of Operations Plan referenced above.

SECTION 3: FACILITY OCCUPANCY LOAD

A phased approach to reopening will be initiated as we move towards a full restoration of services. Included are facility occupancy load guidelines to determine the number of people allowed in a facility during the reopening phase. If a facility is multiple stories then each story must be used in the square footage calculations. This includes all facilities in the community and are identified in the specific examples listed in the following parts.

3.1 Assembly

This type of facility normally holds more than 50 people or is used for deliberation, worship, entertainment, eating, drinking, amusement, or awaiting transportation (this includes bars, restaurants, coffee shops, theaters, places of worship, etc.). The maximum facility load capacity for this type of facility is 15 net square feet per person.

Example:

The facility falls into the assembly category because of the net square footage and the type of facility meets the criteria for assembly. Large bar/restaurant/gathering place that is 35 feet by 100 feet = 3,500 gross square feet. Subtract bathroom space, counters, and storage to determine the net square feet. It is calculated that there is 500 square feet of bathrooms, counters and storage. Subtract 500 from 3,500. The net square footage is 3,000 square feet. Divide 3,000 by 15 to obtain the occupancy load at 100%.

- a. $35 \times 100 = 3,500$
- b. $3,500 - 500 = 3,000$
- c. $3,000 / 15 = 200$

The occupancy load at 100% is 200 people including employees.

3.2 Educational

This type of facility is a place where a large variety of learning environments and learning spaces are provided such are primary-elementary schools, secondary-high schools, colleges and universities. This category does not include preschools, childcare centers or head starts. The maximum facility load capacity for this type of facility is 20 net square feet per person.

Example:

A facility that is 40 feet by 150 feet = 6,000 gross square feet. Subtract bathroom space, lounges, and storage areas to determine the net square feet. It is calculated that there is 1,200 square feet of bathroom space, lounges, and storage areas. Subtract 1,200 from 6,000 giving a net square footage of 4,800 square feet. Divide 4,800 by 20 to obtain the occupancy load at 100%.

- a. $40 \times 150 = 6,000$
- b. $6,000 - 1,200 = 4,800$
- c. $4,800 / 20 = 240$

The occupancy load at 100% is 240 people including employees.

3.3 Day Care / Head Start

This type of facility provides care for infants and toddlers, preschoolers, and may also provide after school care to school aged children. The maximum facility load capacity for this type of facility is 35 net square feet per person.

Example:

A facility that is 30 feet by 30 feet = 900 gross square feet. Subtract bathroom space, counters, and storage to determine the net square feet. It is calculated that there is 20 square feet of bathrooms, counters and storage. Subtract 20 from 900. The net square footage is 880 square feet. Divide 880 by 35 to obtain the occupancy load at 100%.

- a. $30 \times 30 = 900$
- b. $900 - 20 = 880$
- c. $880 / 35 = 25$

The occupancy load at 100% is 25 people including employees.

3.4 Health Care

This type of facility provides primary health care services on an outpatient bases as well as residential care services. Services may include pharmacy, nursing, medical, dentistry, psychology, alcohol and drug services, elder care residential services, etc. The maximum facility load capacity for this type of facility is 100-240 gross square feet per person.

Example:

A facility that is 75 feet by 150 feet = 11,250 gross square feet. Calculate 11,250 divided by 100 that would equal 112.5, meaning the 100% occupancy is 112 people including employees.

- a. $75 \times 150 = 11,250$
- b. $11,250 / 100 = 112.5$

The occupancy load at 100% is 112 people including employees.

3.5 Industrial

This type of facility involves the fabrication, manufacture, or production of durable or nondurable goods. The maximum facility load capacity for this type of facility is 100 gross square feet per person.

Example:

A facility that is 75 feet by 100 feet = 7,500 gross square feet. Calculate 7,500 divided by 100 that would equal 75, meaning the 100% occupancy is 75 people including employees.

- a. $75 \times 100 = 7,500$
- b. $7,500 / 100 = 75$

The occupancy load at 100% is 75 people including employees.

3.6 Business or Governmental

These types of facilities provide services to the general public such as licensing, utilities, transportation, etc. and also includes governmental operation. The maximum facility load capacity for this type of facility is 100 gross square feet per person.

A facility that is two stories and is 75 feet by 100 feet = 7,500 gross square feet for story. Calculate $7,500 \times 2 = 15,000$. 15,000 divided by 100 that would equal 150, meaning the 100% occupancy is 150 people including employees.

- a. $75 \times 100 = 7,500$
- b. $7,500 \times 2 = 15,000$
- c. $15,000 / 100 = 150$

The occupancy load at 100% is 150 people including employees.

3.7 Mercantile

This type of facility is a place of business for the display and sale of merchandise such as a retail store, sales outlet, country store, strip mall, or general store. The maximum facility load capacity for this type of facility is 30 gross square feet per person.

Example:

A shop sells goods so it is considered mercantile. Small gift shop with 25 feet by 40 feet = 1,000 gross square feet. Calculate 1000 divided by 30 that would equal 33.33, meaning the 100% occupancy is 33 people including employees.

- d. $25 \times 40 = 1,000$
- e. $1,000 / 30 = 33.33$

The occupancy load at 100% is 33 people including employees.

3.8 Recreational

This type of facility provides a wide range of activities that may include sports, music, games, reading, arts and crafts, dance or physical fitness. The maximum facility load capacity for this type of facility is 15 net square feet per person.

Example:

A facility that is 60 feet by 60 feet = 3,600 gross square feet. Subtract bathroom space, counters, and storage to determine the net square feet. It is calculated that there is 100 square feet of bathrooms, counters and storage. Subtract 100 from 3,600. The net square footage is 3,500 square feet. Divide 3,500 by 15 to obtain the occupancy load at 100%.

- f. $60 \times 60 = 3,600$
- g. $3,600 - 100 = 3,500$
- h. $3,500 / 15 = 233$

The occupancy load at 100% is 233 people including employees.

SECTION 4: SUCCESSFUL RETURN TO WORK

The reopening of facilities, bringing employees back to work and providing services to the community will require certain essential services and resources to be in place. Having these services in place will help to ensure the employees, customers, clients, vendors and contractors that their environments are as safe and secure as possible. There are different requirements that must be met depending upon the types of functions and services that are provided at various facilities. This section will outline what those services and resources are and under what circumstances that they must be provided under.

4.1 COVID-19 Testing

Community COVID-19 testing was provided on the Menominee Reservation by the National Guard from May 15 -19, 2020. All employees were strongly encouraged to be tested at that time even if they were asymptomatic. Further testing of employees will only be done on a case by case basis at the discretion of health care providers. COVID-19 testing has also occurred since March 2020 at the Menominee Tribal Clinic for symptomatic persons and per the testing guidelines provided by the Wisconsin Department of Health Services. Testing statistics that are gathered and available by the state and county that can be found at <https://www.dhs.wisconsin.gov/covid-19/county.htm> will be the basis of determining the prevalence of the disease, population data supplied by county or census information.

4.2 General Health Screening

General health screenings will be conducted at all tribal facilities for the safety of our employees, the public, visitors and/or vendors. Screenings may include temperature checks and asking if an individual has any of the symptoms including: cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, vomiting, diarrhea, sore throat or new loss of taste or smell as well as asking about possible exposure to anyone with a positive COVID-19 test.

- Employees:
 - Employee will be responsible for self-monitoring of symptoms and if displaying any symptoms the employee must not report to work or must leave work.
 - Employees who will not be coming into work or who need to leave work due to symptoms must follow standard absence reporting procedures.
 - Supervisors and/or designee will conduct screenings of the symptoms based on the questions list in Appendix A.
 - If an employee displays symptoms supervisors will request that the employee leave work with instructions that the employee is not to return to work until they no longer display symptoms. Supervisors should strongly encourage employees to call their health care provider to determine if testing for COVID-19 is indicated.
 - If an employee is experiencing a fever (100.4), they need to be fever free without the use of medication for 72 hours before returning to work. This timeline may be revised if the employee has been tested for COVID-19 or other instructions are provided to the employee by the health care provider.
 - Supervisors or employees who have questions regarding symptoms or the need to leave or return to work can contact the Human Resources Department for further guidance.
 - Employees instructed to quarantine or isolate by public health personnel must not return to work until permitted to do so by public health personnel and should not direct requests to Human Resources.
- General Public, Visitors and/or Vendors:
 - Individuals will be asked to have their temperature checked upon entering a facility.

- Individuals who experience a fever (100.4) will be asked to leave the facility and return when they have been fever free without the use of medication for 72 hours.
- Individuals will be required to sign in using a visitors log when entering a facility. At a minimum the log will track the following information: date, full name, company/organization, and department/person visiting.
- Individuals experiencing cough, shortness of breath, new headache, sore throat, diarrhea or vomiting, or loss of taste/smell should not enter a facility.
- Any person obviously appearing ill shall be prohibited from entering the facility and will be asked to leave immediately.

4.3 Personal Protective Equipment

There are several levels of personal protective equipment (PPE) that will be required based upon the type of interactions with others and facility types as defined below and in line with CDC, OSHA, or State of Wisconsin Department of Health Services guidelines. The types of PPE may include wearing of one or more types to include a facemask, eye protection, gloves, or gowns.

- **Facemasks**
 - Facemasks or facial coverings will be worn by employees at all times during Phase 1 and Phase 2 except when they are in their personal workspace and can maintain social distancing of six feet.
 - Employees outside of their personal workspace while indoors will be required to use a facemask or facial covering.
 - Instructions on the proper use and disposal of facemasks will be provided to all employees.
 - Visitors to facilities are required to wear facemasks when entering tribal facilities.
 - Visitors to some facilities such as Aging & Long-Term Care, CBRF, Clinic, Detention, and educational institutions may employ stricter requirements as determined by the facility administrator and/or Tribal Incident Command.
 - Anyone assigned to take temperatures must wear a facemask while doing so.
- **Eye Protection**
 - Eye protection will be worn by employees that work in areas where social distancing cannot be maintained and droplet transmission risk is present.
- **Gloves**
 - Gloves will be worn by all employees that work in areas that handle food, patient or resident care, and by all housekeeping staff.
 - Instructions on the proper use and disposal of gloves will be provided to all employees that are required to wear gloves.
- **Gowns**
 - Gowns will be worn by personnel in health care, emergency services, law enforcement, and detention when risk of exposure to an infected individual may be present.
 - Instructions on the proper use and disposal of gloves will be provided to all employees that are required to wear gowns.
- **Hand sanitizer**
 - All employees are strongly encouraged to wash hands or when not feasible use hand sanitizer frequently throughout the course of their workday.
 - Employees who handle money are required to use hand sanitizer after each transaction.

The use of PPE does not guarantee that the employee or the general public will not contract COVID-19 however it does lower the risk of exposure while wearing such PPE.

SECTION 5: STAFF RETURN TO WORK SCHEDULE

The Administrative Committee and Directors have reviewed their staffing and program requirements and designated employees as essential and have also identified employees who could telework. A phased in approach to returning staff, services, and functions to a pre-COVID level will be initiated. This phased in approach will help to ensure a safe environment and will also allow for dialing back the return in the event of an increase in positive cases or a widespread outbreak.

5.1 Phase Progression

The MITW Incident Command in consultation with the Menominee Tribal Clinic Incident Command or Medical leadership is authorized to determine progression thru each phase and for the determination of scaling back to prior phases. Progression thru each phase will be determined by reviewing specific COVID-19 metrics and/or data. It is understood that rapid increases in local case numbers may be the sole determinant in decisions to dial back progression of phases. Scaling back to prior phases may be required if there is an increase in positive cases, uncontrolled outbreaks, or an increase in the prevalence of COVID in the community regardless of other regional or state metrics.

- Phase 1 – **Code Red**
 - The MITW Incident Command Public Health Officer, with consultation from the Menominee Tribal Clinic Incident Command or Medical leadership, will be responsible for advising the MITW Incident Command when COVID-19 metrics or other data indicates that an evaluation of phases is necessary or urgent.
 - All Menominee Tribal Government buildings will closed to staff and in person services to the public except for the Tribal Clinic, Food Distribution, Detention Facility, Elections Office, CBRF, DV Shelter, Eagles Nest Emergency Shelter, and essential areas of the Tribal Courts as determined by the Chief Justice.
 - All Menominee Tribal governmental operations shall move to a telework status except for: Chair's Office, Police and Conservation Officers, Health Care workers, Child protection staff, Housing maintenance staff, facilities staff, Utilities staff, IT on-call staff, essential Transit Services staff, and staff that provide any services related to the health, safety and direct care of the elderly. Staff involved with assisting families with burial benefits, staff who process payroll, employee benefits, or financial information can report to their place of employment as needed.
 - Phase 1 will end when the MITW Incident Command Team determines in consultation with the Menominee Tribal Clinic Incident Command or Medical leadership that the incidence of COVID-19 within the community has decreased as evidenced by decreasing numbers of new cases or other metrics, there are no further specific outbreaks, or other risks to the community are no longer present.
- Phase 2 – **Code Orange**
 - The MITW Incident Command Public Health Officer, with consultation from the Menominee Tribal Clinic Incident Command or Medical leadership, will be responsible for advising the MITW Incident Command when COVID-19 metrics or other data indicates that an evaluation of phases is necessary or urgent.
 - Phase 2 opening will have all Directors returning to the worksite full-time.

- All Tribal facility needs will be identified and a plan developed for all needed replacements and renovations to be completed to assure safety for employees.
- Phase 2 will end when the MITW Incident Command Team determines in consultation with the Menominee Tribal Clinic Incident Command or Medical leadership that the incidence of COVID-19 within the community is decreasing, there are no further identified specific outbreaks, or other risks to the community are no longer present.
- The MITW Incident Command may order a return to a previous phase if the incidence of COVID-19 in the community increases or the Menominee Tribal Clinic Incident Command or Medical leadership identify specific outbreaks or other risks to the community requiring retreat of Phases.
- Phase 3 – **Code Yellow**
 - The MITW Incident Command Public Health Officer, with consultation from the Menominee Tribal Clinic Incident Command or Medical leadership, will be responsible for advising the MITW Incident Command when COVID-19 metrics or other data indicates that an evaluation of phases is necessary or urgent.
 - Directors will implement plan for returning employees to work at a 50% time in office.
 - The MITW Incident Command may order a return to a previous phase if the prevalence of COVID-19 in the community increases or the Menominee Tribal Clinic Incident Command or Medical leadership identify specific outbreaks or other risks to the community requiring retreat of Phases.
 - Phase 3 will end when the MITW Incident Command Team determines in consultation with the Menominee Tribal Clinic Incident Command or Medical leadership that the incidence of COVID-19 within the community is decreasing, there are no further identified specific outbreaks, or other risks to the community are no longer present.
- Phase 4 – **Code Green**
 - The MITW Incident Command Public Health Officer, with consultation from the Menominee Tribal Clinic Incident Command or Medical leadership, will be responsible for advising the MITW Incident Command when COVID-19 metrics or other data indicates that an evaluation of phases is necessary or urgent.
 - Phase 4 will commence when the positive case rate in Shawano and Menominee Counties show no increasing trends over a sustained period of time or when viable treatments or preventative interventions are widely available which may include a COVID-19 vaccination proven to be safe.
 - The MITW Incident Command may order a return to a previous phase if the incidence of COVID-19 in the community increases or the Menominee Tribal Clinic Incident Command or Medical leadership identify specific outbreaks or other risks to the community requiring retreat of Phases.

5.2 Phase 1 – Closure – **Code Red**

- Telework
 - All employees will move to a telework status with the exception Chair's Office, Police and Conservation Officers, Health Care workers, Child protection staff, Housing maintenance staff, facilities staff, Utilities staff, IT on-call staff, essential Transit Services staff, and staff that provide any services related to the direct care of the elderly.

- Staff involved with assisting families with burial benefits, staff who process payroll, employee benefits, or financial information can report to their place of employment as needed.
- Facility Access
 - All Tribal facilities and offices will be closed to staff and the public except for the Tribal Clinic, Food Distribution, Detention Facility, Elections Office, CBRF, DV Shelter, Eagles Nest Emergency Shelter, and essential areas of the Tribal Courts as determined by the Chief Justice.
 - Deliveries should be delayed until movement to the next phase for those deliveries that cannot be delay they must be done at a central location or receptionist area and employees will transport to the intended destination.
- Meetings & Travel
 - No in-person meetings will be held and will be conducted using online conferencing, email or telephone.
 - Eliminate unnecessary travel and cancel or postpone nonessential meetings, gatherings, workshops and training sessions.
 - Do not congregate in work rooms, breakrooms, or other areas.

5.3 Phase 2 – Initial Re-Opening – Code Orange

The initial reopening or Code Orange phase will start when the MITW Incident Command in consultation with the Menominee Tribal Clinic Incident Command or Medical leadership determines the incidence of COVID-19 in the community has decreased. The specific tasks and/or indicators for this phase are as follows:

- Directors
 - All Directors shall return to the worksite full-time.
 - Upon return to work Directors will review existing staff schedules to make certain the on-site census does not exceed 50% of their employee population at any one time. This could mean:
 - ½ of the employees are at the worksite in the morning and the other half are at the office in the afternoon; OR
 - ½ of the employees are at the worksite 2.5 days per week and the others are at the worksite the remaining 2.5 days per week; OR
 - ½ of the employees are at the worksite for the first week of the pay period and the others are at the worksite for the second week of the pay period; OR
 - Another plan developed by each department that reaches the goal of all staff at the worksite for a minimum of 50% of the time.
 - All Directors will attend safety training on the proper use of PPE, health screening expectations, etc.
 - Directors will complete an assessment of their department to determine any shared equipment or electronics like telephones, computers, etc... Directors will work with the IT Department to eliminate or reduce shared items. The results will be included as part of the Continuity of Operations Plan.
 - Review CDC guidance for Businesses and Employers Responding to Coronavirus Disease as found at <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.

- Facility Assessment and Preparation
 - Tribal Incident Command will complete a facility assessment (see Appendix B) and provide a written report to Department Heads that identify any facility needs. Tribal Incident Command will work with Tribal Administration and Department Heads to secure identified needs.
 - Plexiglas will be installed in areas where public interaction takes place.
 - Installation of hands free door pulls wherever feasible.
 - Installation of motion-activated light switches wherever feasible.
 - Completion of facility alterations that may be needed to ensure the safety of employees and the public.
 - Air exchanges in buildings should be maximized as much as possible and ensure regular maintenance of HVAC systems and replacement of filters are done frequently.
 - Replace towel dispensers, soap dispensers, faucets, and toilets are replaced with automatic systems.
 - Install automatic hand sanitizing dispensers throughout facilities, at each entry point, and in cafeterias and breakrooms.
 - Proper handwashing signs shall be installed in all restrooms, cafeterias and breakrooms.
 - Remove extra chairs and tables in meeting rooms, cafeterias and breakrooms to maintain 6 foot distancing.
 - Post signage reminding employees and the public of the symptoms of COVID-19.
 - Install tape or other markings on floors designating the 6 foot distancing in all reception areas or places where individuals may gather for service delivery.
 - Spread out workstations so employees can maintain 6 feet distancing at all times.
 - The Tribal Incident Command Team will complete follow-up assessments to ensure identified facility needs have been completed and to provide Department Heads with any additional guidance and/or information.
- Meetings & Travel
 - Avoid scheduling in-person meetings whenever feasible and use online conferencing, email or phone whenever possible.
 - Unavoidable in-person meetings should be held in a large meeting room or office space where people can maintain social distancing.
 - Limit of five (5) people in small rooms
 - Limit of ten (10) people in larger rooms
 - Eliminate unnecessary travel and cancel or postpone nonessential meetings, gatherings, workshops and training sessions.
 - Do not congregate in work rooms, breakrooms, or other areas where people socialize. When in these areas individuals should maintain social distancing.
- Facility Access
 - All Tribal facilities and offices will be closed to the public except by appointment only.
 - Workout facilities will remain closed.
 - Vendors will access facilities thru main entrances and will register upon entering the facility. Vendors should use hand sanitizer upon entry and are required to wear a facemask when in a facility.
 - Deliveries to a facility will be done at a central location or receptionist area and employees will transport to the intended destination.
 - No door-to-door sales will be allowed in any facility.

5.4 Phase 3 – 50% Opening – Code Yellow

The 50% opening or Code Yellow phase will start when the MITW Incident Command in consultation with the Menominee Tribal Clinic Incident Command or Medical leadership determines the incidence of COVID-19 in the community allows for additional openings. The specific tasks and/or indicators for this phase are as follows:

- Directors
 - Notify staff to immediately commence the 50% return to work schedule.
 - Complete the General Health Screenings as outlined in Section 4.2 for all on-site employees.
 - Maintain a log of all on-site employees to include employee name and date the employee is on-site.
 - Ensure all on-site employees attend safety training on the proper use of PPE, health screening expectations, etc.
 - Directors will review staffing and work processes to determine continued capability of employee telework processes. Where feasible allow for employee telework including in the instances of illness or other factors that prevent an employee from reporting to work.
- Employees
 - All employees will attend safety training on the proper use of PPE, health screening expectations, etc.
 - Employees who are not feeling well must refrain from reporting to work or if they become ill should not remain at the worksite. Proper absence reporting is required and the use of any available leave will be done in accordance with the Personnel Policies and Procedures.
- Meetings & Travel
 - The use of online conferencing, email or phone should continue whenever possible however in-person meetings can commence with adequate social distancing and facemask usage.
 - In-person meetings should continue to be held in a large meeting room or office space where people can maintain social distancing.
 - Limit of ten (10) people in small rooms
 - Limit of fifteen (15) people in larger rooms
 - Out of town travel should be limited to essential meetings, gatherings, workshops and training sessions.
- Facility Access
 - Tribal facilities and offices will be closed to the public except by appointment only.
 - Workout facilities will remain closed.
 - Vendors will access facilities thru main entrances and will register upon entering the facility.
 - Deliveries to a facility will be done at a central location or receptionist area.

5.4 Phase 4 – Full Re-Opening – Code Green

The full reopening or Code Green phase will start when the MITW Incident Command in consultation with the Menominee Tribal Clinic Incident Command or Medical leadership determines no increasing trends over a sustained period of time or when viable treatments or preventative measures such as COVID-19 immunizations are widely available. The specific tasks and/or indicators for this phase are as follows:

- Directors
 - Notify staff to commence all pre-COVID schedules.

- Continue General Health Screenings as outlined in Section 4.2 for all on-site employees.
- Directors will continue allowing employees to telework including in the instances of illness or other factors that prevent an employee from reporting to work.
- Continuing the use of social distancing and facemask usage are strongly encouraged.
- Employees
 - All employees will attend refresher safety trainings, health screening expectations, etc.
 - Employees who are not feeling well must refrain from reporting to work or if they become ill should not remain at the worksite. Proper absence reporting is required and the use of any available leave will be done in accordance with the Personnel Policies and Procedures.
 - Use of social distancing and facemasks will continue to be required.
- Meetings & Travel
 - The use of online conferencing, email or phone should continue whenever possible however in-person meetings can commence. Social distancing and facemask usage are strongly encouraged.
 - In-person meetings should continue to be held in a large meeting room or office space where people can maintain social distancing.
 - Limit of ten (10) people in small rooms
 - Limit of fifteen (15) people in larger rooms
 - Out of town travel should be limited to essential meetings, gatherings, workshops and training sessions.
- Facility Access
 - Tribal facilities and offices will be opened to the public; continued use of social distancing and facemask usage is strongly encouraged.
 - Workout facilities can open with reduced hours to allow for adequate cleaning and sanitization. Exercise machines should be over 6 feet apart and ample supply of sanitizing wipes available for use between users of a machine or equipment
 - Vendors will access facilities thru main entrances and will register upon entering the facility.
 - Deliveries to a facility will be done at a central location or receptionist area.

SECTION 6: GUIDANCE FOR CLEANING AND DISINFECTING

This section focuses on cleaning and disinfecting public spaces, workplaces, businesses, schools and other public facilities. Reducing the risk of exposure to COVID-19 by cleaning and disinfecting surfaces is an important part of this back in action plan.

Coronavirus on surfaces and objects naturally die within hours to days. Warmer temperatures and exposure to sunlight will reduce the time the virus survives on surfaces and objects. Normal routine cleaning with soap and water removes germs and dirt from surfaces and it lowers the risk of spreading COVID-19 infection.

Disinfectants kill germs on surfaces and by killing germs on a surface after cleaning, you can further lower the risk of spreading infection. Disinfectants are an important part of reducing the risk of exposure to COVID-19. If disinfectants are in short supply, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions). Only disinfectants that are approved by the EPA for use against COVID-19 should be used. The approved list can be found at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>. Employees should always wear gloves appropriate for the chemicals being used when cleaning and disinfecting. Additional personal protective equipment (PPE) may be needed based on setting and product.

Guidelines as issued by the CDC should be used for cleaning and disinfecting various surfaces. Those guidelines can be found at <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html> and are outlined below:

6.1 Hard (Non-porous) Surfaces

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, most common EPA-registered household disinfectants should be effective.
 - Follow the manufacturer's instructions for all cleaning and disinfection products for concentration, application method and contact time, etc.
 - Additionally, diluted household bleach solutions (at least 1000 ppm sodium hypochlorite) can be used if appropriate for the surface. Follow manufacturer's instructions for application, ensuring a contact time of at least 1 minute, and allowing proper ventilation during and after application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
 - Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3 cup) bleach per gallon of water or
 - 4 teaspoons bleach per quart of water
 - Note that mixed bleach solution denature after 24 hours.

6.2 Soft (Porous) Surfaces

- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
 - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.

- Otherwise, use products that are EPA-approved for use against the virus that causes COVID-19 and that are suitable for porous surfaces.

6.3 Electronics

- For electronics such as tablets, touch screens, keyboards, remote controls, and ATM machines, remove visible contamination if present.
 - Follow the manufacturer's instructions for all cleaning and disinfection products.
 - Consider use of wipeable covers for electronics.
 - If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

6.4 Linens, Clothing, and Other Items That Go in the Laundry

- In order to minimize the possibility of dispersing virus through the air, do not shake dirty laundry.
- Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items.
- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

6.5 Additional Considerations

- Employees will be educated on properly performing cleaning, laundry, and trash pick-up activities.
- Employees will be trained on the applicable hazards of cleaning chemicals used in the workplace.
- Employee must comply with blood borne pathogens standards as may be applicable including proper disposal of regulated waste and PPE.

6.6 Cleaning/Disinfection after a Confirmed COVID-19 Positive Persons Has Been in a Facility

Public health personnel shall be involved in deciding if all or part of a facility should be closed and for how long depending on the extent of use or presence of the COVID-19 positive person in the facility. The use of PPE by cleaning staff may depend on the timing of cleaning after the exposure to COVID-19 and public health personnel can be consulted to help determine PPE needs.

- At a school, daycare center, office, or other facility that does not house people overnight:
 - Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfection.
 - Cleaning staff should clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment (like tablets, touch screens, keyboards, remote controls, and ATM machines) used by the ill persons, focusing especially on frequently touched surfaces.
- At a facility that does house people overnight:
 - Follow Interim Guidance for US Institutions of Higher Education on working with state and local health officials to isolate ill persons and provide temporary housing as needed. The guidance can be found at <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-ihe-response.html>.

- Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfection.
- In areas where ill persons are being housed in isolation, follow Interim Guidance for Environmental Cleaning and Disinfection for U.S. Households with Suspected or Confirmed Coronavirus Disease 2019. This includes focusing on cleaning and disinfecting common areas where staff/others providing services may come into contact with ill persons but reducing cleaning and disinfection of bedrooms/bathrooms used by ill persons to as-needed. This guidance can be found at https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fcleaning-disinfection.html
- In areas where ill persons have visited or used, continue routine cleaning and disinfection as in this guidance.
- If it has been more than 7 days since the person with suspected/confirmed COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary.

SECTION 7: BACK IN ACTION PLAN MAINTENANCE

Once this back in action plan is finalized it will be maintained by the COVID-19 Incident Command Team and Tribal Administration where it related to Tribal Departments until such a time as the threat of COVID-19 is reduced to a level where this plan is no longer needed or the state of emergency has been lifted. Objectives, tasks, scheduled, and other details may be updated as conditions change. All changes should be noted in the Record of Changes section.

SECTION 8: RECORD OF PLAN CHANGES

| Date | Section # | Description of Change |
|------------|-----------|---|
| 05-04-2020 | N/A | Plan created |
| 05-10-2020 | All | Overall plan revised as a working draft |
| 05-22-2020 | All | Finalize draft plan for presentation to IC Team |
| 05-26-2020 | All | Updated plan to include comments from IC Team |
| 05-29-2020 | All | Updated plan to include comments from IC Team |
| 07-02-2020 | 5.1 | Added metrics language for phase progression |
| 10-05-2020 | 5 | Revised all items within Section 5 |
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APPENDIX A: HEALTH SCREENING

COVID-19 SYMPTOM SCREENINGS

Watch for symptoms

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus.

Directors or their designee must ask each of their employees if they are or have experienced any of the symptoms listed below:

- Fever or chills
- Repeated shaking with chills
- Cough
- Shortness of breath or difficulty breathing
- Muscle pain
- Headache
- New loss of taste or smell
- Sore throat

Directors or their designee must also ask their employees if they have been exposed to anyone with a positive COVID-19 test.

Any employee experiencing symptoms must be asked to leave work and the employee is not to return to work until they no longer display symptoms. Strongly encourage the employee to call their health care provider to determine if testing for COVID-19 is indicated.

APPENDIX B: FACILITY ASSESSMENT FORM

Date _____

Department: _____

Director: _____

1. People

☐ Ensure 6 ft. distance between personnel, unless safety or core function of the activity requires a shorter distance. Any time personnel are less than 6 feet apart from one another, personnel must wear acceptable face coverings.

☐ Tightly confined spaces will be occupied by only one individual at a time, unless all occupants are wearing face coverings. If occupied by more than one person, will keep occupancy under 50% of maximum capacity.

☐ Post social distancing markers using tape or signs that denote 6 ft. of spacing in commonly used areas.

☐ Ensure mandatory health screening is being completed by employees before work each day and visitors are screened upon entering as outlined by the re-opening plan

Is there any place in your department/facility that has a high exposure level to risk of Such as patient care areas, break rooms, or other high traffic areas?

What will be done to decrease the level of exposure in these areas?

☐ Maintain a log of every person, employees and visitors, that come into your department/facility. Log must be a daily log and includes dates

Who will be responsible for maintaining that log? _____

2. Protective Equipment

What PPE will be in your department/facility?

- ☐ Facemasks
- ☐ Gloves
- ☐ Gowns
- ☐ Hand Sanitizer

Where will PPE be stored and who will keep track of inventory?

Is there any area that needs a barrier device installed? Such as receptionist or desk area where clients/customers have regular close contact? Such as plexiglass or similar barrier?

3. Hygiene and Cleaning

☐ Provide hand sanitizers containing 60% or more alcohol in department/facility.
Where will the hand sanitizer be located?

☐ Conduct regular cleaning and disinfection throughout the day in the work area.
Especially in common areas.

☐ Limit sharing of equipment whenever possible

Bathrooms and breakrooms

| | | |
|-------------------------|-----|----|
| Motion activated lights | YES | NO |
| Auto soap dispenser | YES | NO |
| Auto towel dispenser | YES | NO |
| Auto Faucets | YES | NO |

4. Communication

☐ Post signage throughout site to remind personnel to adhere to proper hygiene, social distancing rules, appropriate use of PPE, and cleaning and disinfecting products

Provide any additional details about your department/facility in regards to safety. Include anything to address specific industry guidance:

Director: _____

Safety or Logistics Officer: _____

MENOMINEE TRIBAL LEGISLATURE–SPECIAL
OCTOBER 08, 2020

A MOTION

MYRNA WARRINGTON: I move to approve the Menominee Back in Action Plan with the Revision Date of October 05, 2020.

GENA KAKKAK: I second the motion.

CHAIRPERSON: All those in favor of the motion signify by saying Aye. Opposed. The Motion is carried: 5 for, 1 opposed (PETERS), 0 abstentions, and 2 absent (COX AND FRECHETTE).

Please note Legislator Peters qualified his opposition as follows: "I disagree with some of the points. Directors should be reporting 100% of the time because they are responsible for maintaining their own departments and operations. They should not be able to telework 100% of the time."

3.1 on agenda



JOAN DELABREAU, Tribal Chairperson
MENOMINEE INDIAN TRIBE OF WISCONSIN